PTO/SB/05 (05-03) Approved for use through 04/30/2003. OMB 0651-0032 rademark Office. U.S. DEPARTMENT OF COMMERCE

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	UTILITY	Attorney Docket No.	FH	N-106-B		
Р	ATENT APPLICATION	First Inventor	Ehlers			
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(Only for n	ew nonprovisional applications under 37 CFR 1.53(b))	Semicono Express Mail Label No.	uctor			
See MPEP c	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Pat P.O. Box 145	er for Patents tent Application 0 A 22313-1450		
1. X Fee Transcription (Submit 2. Applica See 37 3. X Specific (preferred - Description - Cross - Staten - Referred - Ref	ansmittal Form (e.g., PTO/SB/17) an original and a duplicate for fee processing) ant claims small entity status. CFR 1.27. cation [Total Pages 35] ed arrangement set forth below) iptive title of the invention Reference to Related Applications ment Regarding Fed sponsored R & D ence to sequence listing, a table, computer program listing appendix ground of the Invention Summary of the Invention Description of the Drawings (if filed) ed Description (s) act of the Disclosure ang(s) (35 U.S.C. 113) [Total Sheets 13 1	Computer Prog 8. Nucleotide and/or A (if applicable, all nec a. Computer b. Specificat i. CD- ii. Pap c. Statemer ACCOMPAN 9. Assignment F 10. 37 CFR 3.73((when there is 11. English Trans 12. Information D Statement (IL) 13. Preliminary A 14. Return Recei (Should be sy 15. Certified Cop (if foreign pric 16. Nonpublicatic	ram (Appendimino Acid Seressary) Reader Formation Sequence ROM or CD-lear Action Sequence Papers (Cover (b) Statement is an assigned is a serifying it is closure in the postcard (I pecifically item y of Priority Deprity is claimed in Request un pplicant muster).	equence Submission In (CRF) In (CR		
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Prior application information: Examiner Art Unit:						
19. CORRESPONDENCE ADDRESS OR Correspondence address below						
Custome	r Numner of Dar Coue Lavei	Attach bar code label here)	W	Correspondence address below		
Name	Christopher A. Mitchell					
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City	Troy	State MI		Zip Code 48084-3107		
Country	USA //	Telephone 734/662		Fax 734/662-101		
Name (Print/Ty	(pe) Christoner/A. Mitchell	Registration No. (Attorne	ey/Agent)	40,729		
Signature		\		Date 9.12.03		
This collection of it	nformation is required by 37 CFR 1.53(b). The information is require	d to obtain or rotain a benefit by t	he public which	is to file (and by the USPTO to process)		

an application. Confidentiality is governed by \$5 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Application Number			
Filing Date			
First Named Inventor	Ehlers		
Examiner Name			
Art Unit			
Attorney Docket No.	FHN-106-B		

Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	FEE CALCULATION (continued)				DD OF PAYMENT (check all that apply)	METH
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Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Strnt					Small Entity	Large Entity
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1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination of a design application	802 900 Request for expedited examination	1			2205 9 ** Reissue claims in excess of 20	1205 18
SUBTOTAL (2) (\$) 298 Other fee (specify)	Other fee (specify)				SUBTOTAL (2) (\$\298	
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SUBMITTED BY

Name (Print/Type)

Christopter A. Mitchel Registration No. (Attornev/Agent)

Signature

(Complete (if applicable)

Telephone 734/662-0270

Pate 9.12.03

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